



Attorney Docket # 4925-160RCE

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Serge HAUMONT

Serial No.: 09/980,657

Filed: February 15, 2002

For: New Method for Checking the Data

Examiner: Lipman, Jacob
Group Art: 2134

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 12, 2006

(Date of Deposit)

Alphonso A. Collins

Name of applicant, assignee or Registered Representative

Signature

October 12, 2006

Date of Signature

10/17/2006 HDEMESS1 00000038 09980657

02 FC:1252

330.00 0P

PETITION FOR EXTENSION OF TIME UNDER 37 C.F. R. § 1.136(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

- [x] This is not the first request for an extension of time relative to the outstanding paper. The period for response has already been extended by one-month by petition dated August 31, 2006. Please extend the time for response by an additional one-month. With this extension, the deadline for filing the required paper will be October 12, 2006. A check for the additional extension fee of \$330 is enclosed.
- [X] Please charge any additional fees, or credit any overpayment, to Deposit Account No. 03-2412. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE LLP

By

Alphonso A. Collins

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Dated: October 12, 2006



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FILING FEE COMPUTATION SHEET

Submit an original and a duplicate for fee processing

Dated: October 12, 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re RCE Application of: Serge HAUMONT

For: New Method for Checking the Data

Parent Serial No.: 09/980,657

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	LARGE ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$395	\$790
TOTAL CLAIMS	- 20 =		x 9 = \$	x 18 = \$
INDEPENDENT CLAIMS	- 3 =		x 44 = \$	x 88 = \$
MULTIPLE DEPENDENCY			+\$150 = \$	+300 \$
The fees below apply only if claims are added that exceed the number of the originally filed claims				
Claims in excess of originally filed claims			x 25 = \$	x 50 = \$
Claims in excess of originally filed claims			x 100 = \$	x 200 = \$
Multiple Dependency if added and not paid in parent			+\$180 = \$	+360 \$
			TOTAL: \$	\$790